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APPLICANTS

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**** CONTINUING DATA *******

This application is a CON of 09/794,873 02/27/2001 PAT 6,740,093 which claims benefit of 60/185,323 02/28/2000
 and claims benefit of 60/220,303 07/24/2000
 and claims benefit of 60/239,216 10/10/2000
 and claims benefit of 60/239,217 10/10/2000

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED SMALL ENTITY ****
 ** 06/01/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	STATE OR COUNTRY TX	SHEETS DRAWING 12	TOTAL CLAIMS 13	INDEPENDENT CLAIMS 3
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ADDRESS
 24113

TITLE

Method and apparatus for treating a vertebral body

FILING FEE RECEIVED 827	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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